



NORTHWEST MISSOURI STATE UNIVERSITY
DEPARTMENT OF COMMUNICATION, THEATRE, & LANGUAGES



THEATRE ACTIVITY AWARD APPLICATION
RETURNING STUDENT

Name: _____
Last First Middle

Local Address: _____ Phone: _____

Permanent Address: _____
Number and Street

_____ City State Zip Code

E-mail Address _____

Total Academic Hours Earned: _____ FR SO JR SR

Anticipated Graduation: _____

Major: _____ Minor: _____

Advisor: _____ Cumulative GPA: _____
(minimum GPA 2.60)

Please submit a statement of need (be as complete as possible). Other sheets may be attached as needed.

Please submit a listing of your contributions to the Northwest University Theatre in both technical and performance areas (be as complete as possible). A resume or other sheets may be attached as needed.

Signature: _____ Date: _____

ID Number: _____

This form must be completed and returned to the Department Office, 148 Wells Hall

For Office Use Only (do not write below this line)

Amount of Award: \$ _____

For : _____ Date Awarded : _____
semester and/or academic year